

Inventor Information

Inventor One Given Name:: James R.
Family Name:: Mattox
Name Suffix::
Postal Address Line One:: 3633 Thyme Drive
Postal Address Line Two::
City:: Rockford
State or Province:: IL
Country:: USA
Postal or Zip Code:: 61104
Citizenship Country:: USA

Given name of Applicant::
Family Name::
Name Suffix::
Authority under 1.42::
Authority under 1.43::
Authority under 1.47::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Correspondence Information

Correspondence Customer Number:: 00164
Telephone:: 612/339-1863
Fax:: 612/339-6580
Electronic Mail:: drdufault@kinney.com

Application Information

Title Line One:: DEBRIS REMOVAL SYSTEM
 Title Line Two::
 Total Drawing Sheets:: 10
 Formal Drawings?:: No
 Application Type:: Utility
 Docket Number:: E248.12-0003
 Licensed US Govt. Agency::
 Contract or Grant Numbers::
 Secrecy Order in Parent Application?:

Representative Information

Representative Customer Number:: 00164

Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)	60/414,112	September 28, 2002

Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

Assignee Information

Name::

Address line one::

Address line two::

City::

State or Province::

Postal or zip code::